

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Bethany Adult Family Home</b>	LICENSE NUMBER <b>A-342203</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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### About the Home

#### 1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

**Bethany AFH mission is to provide comfortable, safe, quality care in our home feeling environment.**

2. INITIAL LICENSING DATE <b>October 2005</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP Sole proprietor Limited Liability Corporation Co-owned by: Other:	
<div style="text-align: center;"><b>Personal Care</b></div>	
<p>“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)</p>	
1. EATING If needed, the home may provide assistance with eating as follows: <b>From assistance to a total assistance</b>	
2. TOILETING If needed, the home may provide assistance with toileting as follows: <b>From cueing, to monitoring, to total assistance</b>	
3. WALKING If needed, the home may provide assistance with walking as follows: <b>Provide standby assistance to full support</b>	

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**From assistance to total assistance (with hoyer lift)**

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**From assistance to total assistance (turning & repositioning every two hrs)**

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**From cueing, to total assistance**

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**From cueing, to total assistance**

8. BATHING

If needed, the home may provide assistance with bathing as follows:

**From assistance to total assistance (including bed bath)**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Bathroom equipped with slide in bench**

**Medication Services**

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**We assist from medication management and provide medication administration through nurse delegation**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**-Nurse Delegation (Visits every 90 days)**

**-RN supervision (Visits every 90 days)**

**Skilled Nursing Services and Nurse Delegation**

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**Bethany AFH follows approved orders by M.D. And home nurse derogatory**

The home has the ability to provide the following skilled nursing services by delegation:

**Blood sugar monitoring, insulin injections, catheter care, patches, inhalers, oxygen, eye-drops, wound care (must be approved by RN)**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**N/A**

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

Developmental disabilities  
Mental illness  
Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

N/A

### Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

The provider lives in the home.

A resident manager lives in the home and is responsible for the care and services of each resident at all times.

The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

Registered nurse, days and times: **Every 90 days, or as needed**

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: **24 HRS/ 7 DAYS A WEEK**

Awake staff at night

Other: **Resident's are provided with call buttons, as well as care providers do 2-3 rounds to check on resident's. Awake staff available on case by case basis.**

ADDITIONAL COMMENTS REGARDING STAFFING

### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

### Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

**Three years of private pay required (Negotiable with the owner)**

ADDITIONAL COMMENTS REGARDING MEDICAID

**N/A**

### Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Activities that depend on resident's preference and ability.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**BBQ (weather permitting), games, walking, exercise (Approved by M.D.), newspaper reading, books, puzzles.**

**-Accommodations provided at resident's request**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

Olympia, WA 98504-5600